

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FACE SHEET**

Form No. 1

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT OF THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08 and 2008-09**

County Name: **Glenn County**

Date: **June 20, 2008**

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Scott Gruendl	Name: Kathy Montero
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AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The identified funding requirements (in all related programs budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.



County Mental Health Director

6/26/08

Date

Executed at Willows, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

County: Glenn County

Date: March 31, 2008

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The overall Community Program Planning Process

The overall community program planning process was managed by Kathy Montero, Mental Health Program Manager, and Roxann Baillergeon, MHSA Program Coordinator. These two individuals provided vision and oversight to the planning process. This included obtaining stakeholder input, guiding the review of the input, developing the development of recommendations, and finalizing the PEI Plan for submission to the State Department of Mental Health.

b. Coordination and management of the Community Program Planning Process

The coordination and management of the community program planning process was conducted by Roxann Baillergeon, MHSA Program Coordinator. Ms. Baillergeon identified stakeholder groups, arranged meetings and focus groups with key stakeholders, organized and managed the entire planning process. She was instrumental in ensuring that consumers, family members, staff, allied agencies, and community members had a voice in expressing their vision for PEI funding.

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

The Glenn County MHSA Prevention and Early Intervention (PEI) planning process was designed to facilitate meaningful participation from a broad range of stakeholders. The community planning process was conducted by Roxann Baillergeon, MHSA Coordinator, Sarah Parkerson, MHSA Administrative Assistant, and consumers who routinely participate in our adult drop-in center, Harmony House.

This planning process was quite comprehensive for a small county. The Glenn County MHSA Ad Hoc Committee developed a survey to obtain information from each stakeholder. This created a vehicle for obtaining input from persons attending focus groups as well as individuals who were unable to attend an organized event. Input was obtained through a number of different focus groups, presentations, and broadly distributed PEI surveys. In addition, each and every client who is currently receiving mental health services was invited to complete a PEI survey. The community stakeholder meetings included a brief explanation of the PEI funding and participants were asked to complete the survey.

Stakeholder meetings were held in easily-accessible community locations, and childcare and some transportation services were available, as needed. Glenn County Mental Health staff coordinated with other service agencies to publicize these meetings. This included education, health, social services, and law enforcement. Specific outreach was made to individuals with serious mental illness (as well as their families and caregivers), as well as traditionally underserved and unserved populations. We also held a focus group for family members currently receiving Children's System of Care services. For greater detail, please refer to the "Prevention and Early Intervention Stakeholder Planning Groups" list, which is attached to this document. In addition, a focus group was held specifically for partner agencies and community organizations. This provided a voice to individuals who had expressed an interest in this MHSA funding opportunity.

The data from the PEI survey was collected and analyzed to help establish PEI priorities for use in planning PEI programs and services. A total of 175 surveys were collected during this PEI planning process. The survey results show that the 175 persons who completed the surveys reflected all age groups: ages 13-17 (10%), 18-24 (6%), 25-45 (38%), 46-59 (32%), and sixty years and older (11%). These respondents also reflected the cultural diversity of the county with 59% Caucasian, 22% Latino, 3% Asian, and 2% American Indian or Alaskan Native. Eleven percent declined to answer the question on race/ethnicity.

A wide representation of the community completed the survey, including business/community members (21%), consumers (16%), family members (3%), county staff (36%), and other (7%). Eight percent answer more than one category and 9% did not select an answer to this question.

Once the focus groups were completed and the survey results were analyzed, the final recommendations for the PEI plan were discussed and developed. This process included the Health Services Agency Director, MHSA staff, consumer representatives, and one of our Superior Court Judges. These individuals met to discuss the PEI input and identify the highest priorities for PEI activities. The PEI stakeholder/community input, results of the focus groups, survey results, and previous information obtained during the initial CSS planning process was used to identify these priorities and develop recommendations for PEI funding.

There were several priorities identified through this process. These included:

1. **Newborn Home Visiting Program:** This program would combine a mental health staff person and a public health nurse to visit the homes of newborns. This Team would assist families in creating nurturing and safe environments where newborns can optimally grow and develop.
2. **Warm Phone Line:** Develop the capacity to have an individual answer a phone line between 10 a.m. and 7 p.m. for persons who need someone to talk with, obtain information about local resources, and obtain support. The Case Manager answering the phone will be trained using ASSIST, an evidence-based practice, to develop applied suicide intervention skills to help recognize the signs and immediacy of risk for suicide.
3. **System-wide Early Screening:** Train all community agencies to utilize the Mental Health Screening Tool to identify mental health symptoms and persons who could benefit from mental health services. This would be used by traditional county agencies as well as physicians, nurses, preschools, and law enforcement.

4. **Mental Health Screening for Youth in Placement:** To screen all children and youth placed through social services and probation. This would include a mental health screening as well as developing welcoming materials describing local resources.
5. **Clinician Training to develop skills in working with Trauma Exposed Clients:** Pay for training for clinicians to attend evidence-based training on Cognitive Behavior Therapy for Trauma Exposed individuals.
6. **Mental Health Training to work with persons who have experienced trauma:** In addition to the above training, mental health staff would be trained to further develop skills in working with stressed families, domestic violence victims, co-occurring disorders (substance abuse), school violence, aggressive and violent children, and parents of difficult children.

While all six areas were considered high priority, the planning committee selected the first two priorities (Newborn Home Visiting Program and the Warm Line) to develop through the PEI funding. Unfortunately, because we are a small, rural community, \$100,000 does not fully support these two activities. As a result, we will supplement these programs with other MHSA funding, as available.

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

The MHSA Coordinator held focus groups and informational sessions across the county. This helped to ensure that the opinions of unserved and underserved populations were included in the planning process. We also strived to include family members of unserved and underserved populations. Of the 161 persons who responded to the question “Have you or a family member ever received mental health services, 88 (55%) responded ‘Yes’. This clearly demonstrated that the planning process included the target population.

Staff directly and informally engaged under-represented citizens to solicit their input. To reach un/under-served adults, focus groups were held and surveys distributed to persons who were living in supported housing situations, the jail population, physician’s offices, Public Health office, WIC, and to persons participating in substance abuse programs.

b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

The 175 persons who completed the surveys reflected all age groups: ages 13-17 (10%), 18-24 (6%), 25-45 (38%), 46-59 (32%), and sixty years and older (11%). These respondents also reflected the cultural diversity of the county: Caucasian (59%), Latino (22%), Asian (3%), and American Indian or Alaskan Native (2%). Eleven percent declined to answer the question on race/ethnicity. Surveys were available in English and Spanish, with 5% of the respondents

utilizing the Spanish surveys. Seventy-three percent (73%) of the respondents were female. Focus groups were held in the three largest communities in the county.

A wide representation of the community completed the survey, including business/community members (21%), consumers (16%), family members (3%), county staff (36%), and other (7%). Eight percent answer more than one category and 9% did not select an answer to this question.

c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

Small and personal focus groups were held with clients with a serious mental illness and youth with serious emotional disturbance. Focus groups were held at the adult drop-in center, Harmony House, and the transition age youth drop-in center. In addition, family members were included in focus group and planning activities and were asked to complete a survey.

Of the 161 persons who responded to the question “Have you or a family member ever received mental health services, 88 (55%) responded ‘Yes’. This clearly demonstrated that the planning process included the target population.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*

Of the 161 persons who responded to the question “Have you or a family member ever received mental health services, 88 (55%) responded ‘Yes’. This clearly demonstrated that the planning process included the target population.

- *Providers of mental health and/or related services such as physical health care and/or social services*

Thirty-six percent of the survey respondents were county or state staff. Focus groups were held at the Health Services Agency (mental health, substance abuse, and public health), Health and Human Services Agency (social services), and probation.

- *Educators and/or representatives of education*

Focus groups included representatives from education, the SELPA Director, and teachers in local schools.

- *Representatives of law enforcement*

Surveys were handed out to law enforcement agencies and probation staff attended local focus groups. The presiding Superior Court Judge attended both the agency focus group as well as the summary of the input helping to prioritize PEI activities in Glenn County.

- *Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families*

Family members from the Children's System of Care were asked to complete a survey. In addition, persons attending Juvenile Drug Court, juvenile hall, and parents involved in Head Start programs completed a survey.

- b. Training for county staff and stakeholders participating in the Community Program Planning Process.*

We had a small number of staff involved in facilitating focus groups and providing information on the PEI planning process. As a result, these individuals were highly trained. They had also attended state and regional MHSA training activities and PEI information sessions. The MHSA Program Coordinator, the program Manager and the PEI Ad Hoc Planning Committee were involved in the MHSA CSS planning process and attended numerous training opportunities in the past two years. These individuals provided training for stakeholders during the planning process, during the focus groups, and during informational sessions.

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

- a. The lessons learned from the CSS process and how these were applied in the PEI process.*

We utilized the learning experiences gained in our initial CSS planning process to develop and implement the PEI planning process. The community is now familiar with MHSA planning activities. Our allied agencies and community organizations are willing participants in gathering stakeholders for meetings, distributing and collecting surveys, and providing feedback about proposed programs and services. Consumers and youth participated in organizing focus groups and assisting individuals to complete the surveys. The experience from the CSS planning process helped us to better inform the community of opportunities for input as well as identifying appropriate locations for holding meetings.

- b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.*

Our planning process was highly successful. We obtained a total of 172 surveys with broad representation from our clients, family members, community members, and county staff. We also involved consumers, community members, county staff, and the presiding Superior Court Judge in the analysis of the data from the stakeholder input process, in finalizing the priorities for

the PEI plan, and in providing input into the written PEI Plan. In addition, we had open comment groups where recorders captured spoken input.

5. Provide the following information about the required county public hearing:

a. The date of the public hearing:

The Public Hearing took place during the Mental Health Advisory Board Meeting on Tuesday, May 13, 2008 at 6:00pm.

b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

The draft PEI Plan was distributed across the county in locations consistent with the CSS plan distribution. It was available for viewing on the Glenn County website and it was copied and distributed to all members of the Mental Health and Substance Abuse Board. In addition, copies of the plan were placed at partner agencies, the public library, and a number of public facilities. The plan was placed at Harmony House and the Transition Age Youth Center, as well as available to clients and family members and other interested parties.

c. A summary and analysis of any substantive recommendations for revisions.

Persons who attended the PEI Public Hearing provided the following input into the Prevention and Early Intervention Plan:

- 1) There was concern that the CSS Plan identified there was initially a plan to develop a “Warm” phone line was part of CSS plan – why put it into the new PEI plan? *Response: The warm line was originally planned for development using CSS funding. However, these funds were utilized to create Harmony House and expand services. There were insufficient CSS funds to adequately staff the warm line; as a result, we are planning on using PEI funding for developing this important service.*
- 2) Is this like a hot line? I need to be linked to the correct person.
- 3) Concern: We want a warm line to talk to someone right now, a current semi-emergency. That is what I’d like to see. The plan is not written in a way that says warm line. Are we building too much/too big a job for what it should be? *Response: The welcoming line is the same as the warm line. We plan to develop this welcoming line through the assistance of staff and consumers at the Wellness Center. This welcoming line will offer clients a supportive alternative when they need to talk to someone. While this will not replace the crisis line, it will complement it by offering a safe and supportive number to call when clients feel they need someone to talk to.*
- 4) One part should be triage on the phone and assisting the caller. One part is to get a proper referral. *Response: The welcoming line will be used for this purpose.*

- 5) People need to call to have contact with another human being. They don't have anyone to talk to sometimes. *Response: The warm line will be used for this purpose.*
- 6) Crisis lines – one person can get burned out but if they are answering it all the time. Can we hire two people and split job responsibilities between them to avoid burnout?
Response: We will assess the feasibility of this recommendation as we develop the warm line.
- 7) Jim Betten is a VIP in Orland and Willows. He may be interested in volunteering with the warm line. *Response: We will consider this recommendation.*
- 8) Several priorities were identified. It's frustrating that we can't find other programs. Putting those ideas there helps us be ready to go if other funding becomes available.

After reviewing the public comments, we are not making any substantive changes to our PEI plan at this time.

d. The estimated number of participants:

Approximately forty individuals attended the PEI Stakeholder Meeting on May 13, 2008.

Note: *County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and Expenditure Report.*

PEI PROJECT SUMMARY

Form No. 3

County: Glenn County

PEI Project Name: Welcoming Families

Date:

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs

Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Youth Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2A. PEI Priority Populations

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Service Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY – Welcoming Families

2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).

There were 175 persons who completed the PEI survey (see Appendix A). The PEI Ad Hoc Committee, comprised of consumers, family members, staff, and our judge, discussed the results of the planning process and selected two priority areas for funding with PEI dollars. Because we only have \$100,000 per year for PEI, we will utilize funds from Public Health to support these priorities. The Welcoming Families project will be funded in part with Public Health money. Two positions will be funded: a public health nurse (1.0 FTE, Public Health funds) and a mental health case manager (.2 FTE, PEI funds).

3. PEI Project Description: (attach additional pages, if necessary)

A public health nurse and a mental health case manager will visit new mothers in the newborn's first year. The public health nurse discusses developmental milestones and attachment issues with the mother. The mental health case manager discusses caregiver strain, nurturing parent skills, and identification of early behavior problems in the infant. Referrals to Nurturing Parent Support groups, Little Learners Play Group, mental health services, and PCIT are made, as appropriate.

PEI PROJECT SUMMARY – Welcoming Families**4. Programs**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
Welcoming Families (Public Health and Mental Health visiting new mothers and their infants; no EBP)	Individuals: Families: 20	Individuals: Families: 5	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families: 20	Individuals: Families: 5	

5. Alternate Programs

☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

PEI PROJECT SUMMARY – Welcoming Families

6. Linkages to County Mental Health and Providers of Other Needed Services

The public health nurse and mental health case manager will visit the home in the newborn's first year. This will provide the opportunity to assess the parent(s) for attachment, bonding, and caregiver strain. The Welcoming Families team will identify families that need additional services and link them to the appropriate resource, including but not limited to mental health, substance abuse, benefits, and parent support groups.

7. Collaboration and System Enhancements

This project builds collaboration between public health and mental health services. It provides wellness and linkages to services for young families who are often isolated and with minimal resources.

8. Intended Outcomes

The outcome of this project is early identification of behavior problems, developmental delays, and potential child abuse and neglect. Families will be knowledgeable of community resources and linked to supportive services.

9. Coordination with Other MHSA Components

This is a stand-alone program, but the team will work closely with the MHSA team to improve access to mental health services for the infant, siblings, and parents.

10. Additional Comments (optional)

N/A

PEI PROJECT SUMMARY – Welcoming Line

Form No. 3

County: Glenn County**PEI Project Name: Welcoming Line****Date:**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs

Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
6. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At-Risk Children, Youth and Youth Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2A. PEI Priority Populations

Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:	Age Group			
	Children & Youth	TAY	Adult	Older Adult
6. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Individuals Experiencing Onset of Service Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY – Welcoming Line

2B. Summarize the stakeholder input and data analysis that resulted in the selection of priority population(s).

Survey results showed that individuals were interested in having services delivered in the community and to provide early screening, diagnosis, and treatment for mental illness (65%). Other priorities include children and youth in stressed families (87%), those whose parents have drug and alcohol problems (88%), and those who are abused or neglected (88%). These populations were also a factor in the decision to develop a team to visit families with newborns.

The stakeholder data showed strong support for a welcoming line to help address suicidal ideation behavior. Eighty-three percent (83%) of the survey respondents identify people who have attempted or might attempt suicide as the greatest need for PEI funding.

3. PEI Project Description: (attach additional pages, if necessary)

This project will support the development of a Welcoming Phone Line that would be operational from 10am to 7pm, Monday through Friday. This line would be staffed by a 1.0 FTE Case Manager/Consumer Coach and would be located at Harmony House, with support from Harmony House staff. The individual answering the Welcome Line would be trained using the Evidence-Based Practice ASIST (Applied Suicide Intervention Skills Training). This is a two-day training which provides skills in recognizing signs of suicide and immediacy of risk and intervening to prevent the immediate risk of suicide. The Welcoming Line will focus on engagement and simplify access to mental health services.

PEI PROJECT SUMMARY – Welcoming Line**4. Programs**

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Welcoming Line	Individuals: Families:	Individuals: Families:	
EBP: ASIST (Applied Suicide Intervention Skills Training) Training	Individuals: 150 Families:	Individuals: 150 Families:	12
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROJECTED ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 150 Families:	Individuals: 150 Families:	

5. Alternate Programs

☐ Please check box if any of the programs listed above are not in the PEI Resource Materials. Attach a narrative providing a rationale for selecting the alternate programs (refer to Instructions for Form No. 3).

PEI PROJECT SUMMARY – Welcoming Line

6. Linkages to County Mental Health and Providers of Other Needed Services

The Welcoming Line staff will be co-located with MHSA staff at the adult drop-in center: Harmony House. MHSA staff will provide support and supervision to the person(s) answering the phone. When individuals call into the welcoming line and need additional mental health services, the welcoming line staff will immediately link the caller to mental health crisis staff and/or the mental health clinic for an appointment for a clinical assessment. The welcoming line staff will be knowledgeable of community resources and will assist the caller in linking to needed services.

7. Collaboration and System Enhancements

Glenn County has a crisis line for persons to call in an emergency. The development of a welcoming line is greatly needed. This service will be available to community members to call in and talk, get support, and obtain information about services. The development of this capacity will support our community and offer a warm, welcoming environment for persons seeking assistance.

8. Intended Outcomes

Outcomes will be an increase in persons calling to discuss concerns, thoughts, and suicidal ideation. We anticipate that there will be more calls from individuals who are distressed but not acute enough to warrant a case to the crisis line. Welcoming line staff will be trained to recognize signs and stages of suicidal behavior and assist the individual in obtaining the appropriate level of care.

9. Coordination with Other MHSA Components

This program will be closely coordinated with our MHSA program. The welcoming line staff will be co-located at Harmony House and will be supervised by the Mental Health Coordinator. Other Harmony House staff will provide back-up at the welcoming line when staff are at lunch or out sick.

10. Additional Comments (optional)

N/A

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Welcoming Families Project

County Name: Glenn County Date: 3/25/08

PEI Project Name: PEI Priority Populations

Provider Name (if known):

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 25

Total Number of Individuals currently being served: FY 07-08 0 FY 08-09

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 25

Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
HS Case Manager I (.20 FTE) step 1	\$0	\$6,951	\$6,951
	\$0	\$0	\$0
	\$0	\$0	\$0
b. Benefits and Taxes @ 76 %	\$0	\$5,283	\$5,283
c. Total Personnel Expenditures	\$0	\$12,234	\$12,234
2. Operating Expenditures			
a. Facility Cost	\$0	\$367	\$367
b. Other Operating Expenses	\$3,000	\$1,223	\$4,223
c. Total Operating Expenses	\$3,000	\$1,590	\$4,590
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Evaluation	\$0	\$2,100	\$2,100
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$2,100	\$2,100
4. Total Proposed PEI Project Budget	\$3,000	\$15,925	\$18,925
B. Revenues (list/itemize by fund source)			0
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$3,000	\$15,925	\$18,925
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Welcoming Line Project

County Name: Glenn County

Date: 3/25/08

PEI Project Name: PEI Priority Populations

Provider Name (if known):

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 300

Total Number of Individuals currently being served: FY 07-08 0 FY 08-09

Total Number of Individuals to be served through PEI

Expansion: FY 07-08 0 FY 08-09 300

Months of Operation: FY 07-08 0 FY 08-09 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
HS Case Manager II (1.0 FTE)	\$0	\$46,696	\$46,696
	\$0	\$0	\$0
	\$0	\$0	\$0
b. Benefits and Taxes @ 64 %	\$0	\$29,885	\$29,885
c. Total Personnel Expenditures	\$0	\$76,581	\$76,581
2. Operating Expenditures			
a. Facility Cost	\$0	\$2,297	\$2,297
b. Other Operating Expenses	\$20,250	\$3,051	\$23,301
c. Total Operating Expenses	\$20,250	\$5,349	\$25,599
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Evaluation	\$0	\$12,900	\$12,900
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$12,900	\$12,900
4. Total Proposed PEI Project Budget	\$20,250	\$94,830	\$115,080
B. Revenues (list/itemize by fund source)			0
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$20,250	\$94,830	\$115,080
6. Total In-Kind Contributions	\$0	\$0	\$0

Form No. 5

Administrative

County: Glenn CountyDate: 3/25/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					\$0
b. PEI Support Staff		0.14	\$1,173	\$8,331	\$9,503
c. Other Personnel (list all classifications)					\$0
					\$0
					\$0
					\$0
					\$0
d. Employee Benefits			\$578	\$4,103	\$4,681
e. Total Personnel Expenditures			\$1,750	\$12,434	\$14,184
2. Operating Expenditures					
a. Facility Costs					\$0
b. Other Operating Expenditures				\$5,086	\$5,086
c. Total Operating Expenditures			\$0	\$5,086	\$5,086
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$2,025	\$2,025
4. Total PEI Funding Request for County Administration Budget			\$1,750	\$19,545	\$21,295
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$1,750	\$19,545	\$21,295
D. Total In-Kind Contributions			\$0	\$0	\$0

Form No. 6

Summary

County:	Glenn County
Date:	3/25/2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Welcoming Families	\$3,000	\$15,925	\$18,925	\$9,084	\$4,542	\$5,299	\$0
2	Warm Line	\$20,250	\$94,830	\$115,080	\$ 7,672	\$ 23,016	\$ 69,048	\$ 15,344
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration	\$1,750	\$19,545	\$21,295				
	Total PEI Funds Requested:	\$25,000	\$130,300	\$155,300	\$16,756	\$27,558	\$74,347	\$15,344